Dr. Russell

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1411

63-039632 STATE FILE NUMBER

FILED OCT 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: 3 mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOHN's HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1612 S. FREMONT
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KAREN Middle RENETTA Last WALTERS

4. DATE OF DEATH: Month OCTOBER Day 16, Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-15-1956

9. AGE (last birthday): 6

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): PARSONS, KANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MAX E. WALTERS

13b. MOTHER'S MAIDEN NAME: BONNIE LEE WALKER

14. NAME OF HUSBAND OR WIFE: - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MAX E. WALTERS, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse + Shock	18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Dehydration	48-72 hrs
DUE TO (c)	Asthmatic Bronchitis	465 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/14/63 to 10/16/63 and last saw her/him alive on 10/16/63
Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David L. Hall, M.D.

22b. ADDRESS: 1503 S. Glenstone, Springfield, Missouri

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 10-17-63

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL LAWN CEMETERY

23d. LOCATION (City, town, or county) (State): PARSONS, KANSAS

24. FUNERAL DIRECTOR ADDRESS: HERMAN LOHMEYER, SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.: 10-18-63

26. REGISTRAR'S SIGNATURE: Bernie Medley, Acting

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lucien V. Edwards

Signature of Student Embalmer

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.